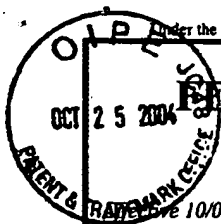


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FEE TRANSMITTAL **For FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$ 180.00

Complete If Known

Application Number	10/790,287
Filing Date	March 1, 2004
First Named Inventor	Christopher Jones
Examiner Name	O. Gabor
Art Unit	2878
Attorney Docket No.	1391-27809

METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
Deposit Account Number: 03-2769
Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	\$
1002 340	2002 170	Design filing fee	\$
1003 530	2003 265	Plant filing fee	\$
1004 770	2004 385	Reissue filing fee	\$
1005 160	2005 80	Provisional filing fee	\$

SUBTOTAL (1) \$

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
20** = * x		18.00 = \$	
Independent Claims	3** = * x	86.00 = \$	
Multiple Dependent		290.00 = \$ 00.00	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent Claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Tod T. Tumey	Registration No. (Attorney/Agent)	47,146	Telephone	(713) 238-8000
Signature		Date	October 22, 2004		

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